

Template > 6 months



REQUEST FOR AUTHORIZATION FOR AUDIOLOGY SERVICES

State Form 51930 (R2 / 1-07) / BCD 0200

Indiana Family and Social Services Administration

Early Intervention Services / Children's Special Health Care Services



First Steps

Name of child		County	Date of birth (month, day, year)
ICD-9	Name of provider	Agency	
Estimated length of request <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Duration of IFSP <input checked="" type="checkbox"/> Other <u>one year</u>			

Place a check mark beside each service you are requesting.

Service	CPT Code Description	CPT	Maximum Rate
<input checked="" type="checkbox"/>	Individual treatment of auditory processing disorder (<i>aural rehabilitation</i>) (1 unit = 4 visits)* Hearing Aid management (<i>Lifetime maximum = 4 units</i>)*	92507	95.40
<input checked="" type="checkbox"/>	Pure tone audiometry (<i>threshold</i>); air only	92552	11.47
<input checked="" type="checkbox"/>	Pure tone audiometry (<i>threshold</i>); air & bone	92553	17.60
<input checked="" type="checkbox"/>	SRT or SDT: Speech Audiometry Threshold	92555	9.91
<input checked="" type="checkbox"/>	Comprehensive audiometry threshold evaluation and speech recognition/discrimination (92553 and 92556 combined)	92557	31.44
<input checked="" type="checkbox"/>	Tympanometry (<i>impedance testing</i>)	92567	14.09
<input checked="" type="checkbox"/>	Acoustic Reflex Testing	92568	9.91
<input checked="" type="checkbox"/>	Visual Reinforcement Audiometry	92579	18.90
<input checked="" type="checkbox"/>	Conditioning Play Audiometry	92582	19.16
<input checked="" type="checkbox"/>	Select Picture Audiometry	92583	23.60
<input checked="" type="checkbox"/>	ABR: Audiometry evoked potential for evoked response audiometry and/or testing of the central nervous system (<i>brainstem evoked response</i>)	92585	104.06
<input checked="" type="checkbox"/>	Automated ABR: Automated Audiometry evoked potential for evoked response audiometry and/or testing of the central nervous system (<i>brainstem evoked response</i>)	92586	49.41
<input checked="" type="checkbox"/>	OAE - limited: Evoked otoacoustic emissions; limited (<i>single stimulus level, either transient or distortion products</i>)	92587	40.52
<input checked="" type="checkbox"/>	OAE - complete: comprehensive or diagnostic evaluation (<i>comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies</i>)	92588	56.47
<input type="checkbox"/>	Hearing Aid Evaluation/examination and selection; monaural	92590	38.89
<input type="checkbox"/>	Hearing Aid Evaluation/examination and selection; binaural	92591	45.56
<input type="checkbox"/>	IFSP Team meeting (<i>on-site</i>)	X1015	15.37
<input type="checkbox"/>	IFSP Team meeting (<i>off-site</i>)	X1016	20.05
<input type="checkbox"/>	Direct Child Treatment (<i>on-site</i>)*	X1021	14.45
<input type="checkbox"/>	Direct Child Treatment (<i>off-site</i>)*	X1022	18.85
<input type="checkbox"/>	Family Counseling and Training - Onsite (15 minutes)* (<i>review results, recommendations, and counseling</i>)	X1031	14.45
<input type="checkbox"/>	Family Counseling and Training - Offsite (15 minutes)*	X1032	18.85
<input type="checkbox"/>	Hearing Aid - monaural behind the ear (BTE)*	V5060	\$900 per ear
<input type="checkbox"/>	Hearing Aid - binaural behind the ear (BTE)*	V5140	\$1800 both ears
<input type="checkbox"/>	Dispensing Fee monaural	V5090	\$180
<input type="checkbox"/>	Dispensing Fee Binaural	V5110	\$270
<input type="checkbox"/>	Hearing aid, digital, monaural	V5257	\$900 per ear
<input type="checkbox"/>	Hearing aid, digital, binaural	V5261	\$1800 both ears
<input type="checkbox"/>	Hearing service miscellaneous (<i>Earmold 1 or 2</i>)* (<i>Maximum = 4 per year per ear</i>)	V5264	\$35 per ear
<input type="checkbox"/>	Hearing aid supplies - batteries (4 pack - limit 10 packs per year)*	V5266	\$5
<input type="checkbox"/>	Hearing aid supplies - Pediatric hearing aid kit*	V5267	\$15

* Service or equipment must be written into the child's IFSP and signed by the parent(s) and primary care physician prior to authorization. Please note that services (including evaluation and assessment activities) may not be provided without the authorization of the Service Coordinator. Audiological services or equipment not listed on the form require prior approval from the Bureau of Child Development prior to authorization.

Signature of audiologist	Date (month, day, year)	Telephone number	Fax number
Signature of Service Coordinator	Date (month, day, year)	Telephone number	